Impaired Quality of Life in Chronic Hypersensitivity Pneumonitis

To the Editor:

We read with interest in an issue of CHEST (June 2014) the article by Lubin et al, who compared Short Form-36 quality of life (QOL) among patients with idiopathic pulmonary fibrosis (IPF) and chronic hypersensitivity pneumonitis (CHP). The authors noted that they were surprised to find that QOL scores were significantly better in IPF than CHP in seven of eight domains. They demonstrated that this finding did not relate to age or severity of lung function impairment, and they discussed possible explanations.

We would like to offer a further possible explanation as to why QOL scores may be worse in those with CHP in comparison with IPF. CHP, unlike IPF, is an allergic lung disease predominantly caused by occupational or environmental exposure. In a variable proportion of cases, no cause is easily demonstrated, following a careful clinical evaluation, measurement of precipitins, and occupational/domestic hygiene assessment. There is evidence that prognosis is worse in this group, as avoiding further exposure to a cause is not possible.

The article by Lubin et al does not present data relating to the cause of CHP in their series, but common causes in other series include domestic exposure to birds kept as pets and for hobbies and microbial contamination of damp buildings, air conditioners, humidifiers, and hot tubs. Common occupational causes also include exposures to birds and microbial contamination of organic dusts and water-containing mists/aerosols.

The main aim of treatment in hypersensitivity pneumonitis is to identify and avoid further exposure to the cause. In our clinical experience, this may involve relocating a loved family pet, discontinuing an enjoyable hobby, carrying out building work to remediate a home or moving house, removing a hot tub, changing a work role, or losing employment. However, in IPF, a disease with no known cause, patients with a similar level of respiratory impairment will not be advised to make such changes.

This raises the possibility that exposure-avoidance measures in CHP may have a negative impact in many of the Short Form-36 domains, where questions specifically inquire about mental health, social functioning, vitality, and physical impact on work.

We would be interested to see more information from this case series as to the causes of CHP and whether such advice to avoid exposures had been given. It may also be of interest to compare QOL in CHP, between individuals with and without an identifiable inciting agent, to identify whether there is any evidence to support this hypothesis.

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References